

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/4/92
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	57	9-5-92
FORMALITY REVIEW	<i>[Signature]</i>	7007	9-15-92

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	9/4/92
2	9/5/92
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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